
INSTRUCTIONS TO THE HAZARDOUS WASTE REPORTS

GENERATION AND ON-SITE T,S,D,R (DHEC 1962)

****DO NOT WRITE ON THE FORMS IN THIS BOOK. PHOTOCOPY AS MANY COPIES OF EACH FORM FROM THE BOOK AS NEEDED. COMPLETE YOUR REPORT ON THESE PHOTOCOPIED FORMS IN INK (OR TYPE) AND SIGN CERTIFICATION BY HAND IN INK. USE THESE AS YOUR COMPLETED ORIGINALS. KEEP A COPY OF YOUR COMPLETED ORIGINALS IN YOUR FILES AND SEND THE COMPLETED ORIGINALS TO SCDHEC. PLEASE DO NOT COMPLETE FORMS THAT DO NOT APPLY TO YOUR COMPANY AND DO NOT SUBMIT BLANK FORMS.**

Instructions

- I** Attach a Name and Address label (supplied with your report form packet). If you do not have labels, please contact this office at (803) 896-4139.

NOTE: Any company name, address, and/or contact person change requires a South Carolina Notification and Reporting Form (DHEC Form 2701) to be completed.

- II** Enter "X" in Section II only if your company had absolutely no hazardous waste activity during this quarter. Do not fill in zeros on the rest of this form, and do not submit any blank forms. This means your company had no old waste on-site anywhere, generated no new waste, and shipped no old or new waste off-site during the quarter.
- III** Generated Waste: Enter the waste index line number of each waste you generated this quarter. This information must be taken from the Hazardous Waste Index Form DHEC 1965. Then enter the corresponding amount that was generated **IN POUNDS. DO NOT ENTER ZERO AMOUNTS. DO NOT MAKE AN ENTRY IF YOU HAD A ZERO AMOUNT FOR ANY WASTE STREAM.**
- IV** On-Site Treatment, Storage, Disposal and Recovery: Enter the waste index line number of each waste that you Treated, Disposed or Recovered on-site during the quarter; or waste remaining in storage on the last day of the quarter. Enter the management code for that waste that represents what the status was at the end of the quarter. If you performed several treatment methods on one waste, enter only the last treatment method. **Enter amount IN POUNDS.** The management code list is located in the back of this booklet.

IF THE WASTE WAS IN STORAGE AT THE END OF THE QUARTER AWAITING EITHER ON-SITE TREATMENT, DISPOSAL, RECOVERY OR SHIPMENT OFF-SITE, THEN REPORT IT AS BEING IN STORAGE USING MANAGEMENT CODE H141.

IF THE WASTE HAS BEEN TREATED, DISPOSED, OR RECOVERED DURING THE QUARTER, THEN USE THE APPROPRIATE MANAGEMENT CODE THAT BEST DESCRIBES THIS ACTIVITY. The management code list is located in the back of this booklet.

- V.** Enter the EPA ID # and name of all initial transporters who hauled hazardous waste for you during this quarter.

ALL AMOUNTS ARE ROUNDED TO THE NEAREST WHOLE NUMBER AND ARE LEFT JUSTIFIED. (Example: 12345___ NOT 000012345)

- VI.** Sign, date and enter your phone number on your certification in order to conclude the first page of your Quarterly Report.

Please send your completed forms with original signature to:

SCDHEC
Bureau of Land & Waste Management
Hazardous Waste Compliance & Enforcement Section
2600 Bull Street
Columbia, SC 29201



Quarterly Hazardous Waste Report Generation and On-Site Treatment, Storage, Disposal, and Recovery

I.

Peel off Name and Address Label from backing and place here.

Note: Any company name, address, and/or contact person changes require DHEC Form 2701 to be completed

/

Quarter & Year

II.

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Enter 'X' here if no hazardous waste generated, treated, stored, disposed, recovered, or shipped off site during this quarter.

III.

Generated Waste

| Waste Index Line # | Amount Generated (in lbs) |
|-----------------------|------------------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

IV. On-Site Treatment, Storage, Disposal & Recovery

| Waste Index Line # | Management Code | Amount T,S,D,R, On-Site (in lbs) |
|-----------------------|----------------------|-------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

V. List below the name, and EPA/DHEC ID# of all the hazardous waste transporters used this quarter.

Transporter EPA/DHEC ID #

Transporter's Name

Transporter EPA/DHEC ID #

Transporter's Name

Transporter EPA/DHEC ID #

Transporter's Name

Transporter EPA/DHEC ID #

Transporter's Name

VI. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment.

I also certify the out-of-state generators utilizing this facility have programs in place to reduce the volume or quantity and toxicity of waste using a method currently available which minimizes the present and future threat to human health and the environment.

Signature of Authorized Representative

Print/Type Name & Telephone Number

Date